

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155596		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 08/02/2012	
NAME OF PROVIDER OR SUPPLIER LAKELAND SKILLED NURSING AND REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP CODE 500 N WILLIAMS ST ANGOLA, IN 46703			
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K0000	<p>A Life Safety Code Recertification, State Licensure and Quality Assurance Walk-thru Survey were conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 08/02/12</p> <p>Facility Number: 000474 Provider Number: 155596 AIM Number: 100290510</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Lakeland Skilled Nursing and Rehabilitation was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. The original building consisting of the 200, 300 halls and the service hall was surveyed with Chapter 19, Existing Health Care Occupancies.</p>		K0000	<p>This Plan of Correction is the center's credible allegation of compliance.</p> <p>Preparation and /or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and areas open to the corridors. The resident rooms on the 300 hall and 400 hall had hard wired smoke detectors. The resident rooms on the 200 hall had battery operated smoke detectors. The facility has a capacity of 75 and had a census of 74 at the time of this survey.</p> <p>The facility was found in compliance with state law in regard to sprinkler coverage and smoke detector coverage.</p> <p>All areas where the residents have customary access were sprinklered. The facility had a detached shed providing facility services including maintenance supplies that was not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/07/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory</p>						

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	<p>requirements as evidenced by the following:</p> <p>A Life Safety Code Recertification, State Licensure and Quality Assurance Walk-thru Survey were conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 08/02/12</p> <p>Facility Number: 000474 Provider Number: 155596 AIM Number: 100290510</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Lakeland Skilled Nursing and Rehabilitation was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. The</p>						

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	<p>original building consisting of the 200, 300 halls and the service hall was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and areas open to the corridors. The resident rooms on the 300 hall and 400 hall had hard wired smoke detectors. The resident rooms on the 200 hall had battery operated smoke detectors. The facility has a capacity of 75 and had a census of 74 at the time of this survey.</p> <p>The facility was found in compliance with state law in regard to sprinkler coverage and smoke detector coverage.</p> <p>All areas where the residents have customary access were sprinklered. The facility had a detached shed providing facility services including maintenance supplies that was not sprinklered.</p>						

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	Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/07/12. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:						

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K0021 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of:</p> <p>a) the required manual fire alarm system;</p> <p>b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and</p> <p>c) the automatic sprinkler system, if installed. 19.2.2.2.6, 7.2.1.8.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 5 horizontal exit fire door sets was held open only by a device which would allow it to close automatically upon activation of the fire alarm system. This deficient practice could affect two of five smoke compartments.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor on 08/02/12 at 2:40 p.m., the hold open magnetic devices on the fire doors entering the 400 hall from the 300 hall nurses station did not release upon activation of the fire alarm. This was acknowledged by</p>		K0021	<p>K021 Upon failure of the hold open magnetic 9-1-12 devices on the fire doors entering 400 hall from 300 hall, Symplex, the fire system vendor was called and asked to fix this issue. It will be corrected on 8-20-12. These doors will be tested one time per week to make sure the system is working properly and will be tested each time Symplex is working on any part of the system, prior to them exiting the premise. If no issues are presented in three months the audit will decrease to testing the doors one time per month during the monthly fire drill. See Attachment A, Fire Door Audit Sheet. The audit sheet will be turned into the Safety Committee on a monthly basis for review. The Safety Committee will submit the audits to the Quality Assurance Committee overseen</p>		09/01/2012	

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	<p>the Maintenance Supervisor at the time of observation.</p> <p>3.1-19(b)</p> <p>Based on observation and interview, the facility failed to ensure 1 of 5 horizontal exit fire door sets was held open only by a device which would allow it to close automatically upon activation of the fire alarm system. This deficient practice could affect two of five smoke compartments.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor on 08/02/12 at 2:40 p.m., the hold open magnetic devices on the fire doors entering the 400 hall from the 300 hall nurses station did not release upon activation of the fire alarm. This was acknowledged by the Maintenance Supervisor at the time of observation.</p> <p>3.1-19(b)</p>		by the Administrator.				

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	<p>Based on observation and interview, the facility failed to ensure 1 of 5 horizontal exit fire door sets was held open only by a device which would allow it to close automatically upon activation of the fire alarm system. This deficient practice could affect two of five smoke compartments.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor on 08/02/12 at 2:40 p.m., the hold open magnetic devices on the fire doors entering the 400 hall from the 300 hall nurses station did not release upon activation of the fire alarm. This was acknowledged by the Maintenance Supervisor at the time of observation.</p> <p>3.1-19(b)</p> <p>Based on observation and interview, the facility failed to</p>						

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	<p>ensure 1 of 5 horizontal exit fire door sets was held open only by a device which would allow it to close automatically upon activation of the fire alarm system. This deficient practice could affect two of five smoke compartments.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor on 08/02/12 at 2:40 p.m., the hold open magnetic devices on the fire doors entering the 400 hall from the 300 hall nurses station did not release upon activation of the fire alarm. This was acknowledged by the Maintenance Supervisor at the time of observation.</p> <p>3.1-19(b)</p>						

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K0044 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Horizontal exits, if used, are in accordance with 7.2.4. 19.2.2.5</p> <p>Based on observation and interview, the facility failed to ensure 1 of 5 fire door sets was arranged to automatically close and latch. LSC 19.2.2.5 requires horizontal exits to be in accordance with 7.2.4 and 7.2.4.3.8 requires fire doors to be self closing or automatic closing in accordance with 7.2.1.8. In addition NFPA 80, Standard for Fire Doors and Windows at 2-1.4.1 requires all closing mechanisms shall be adjusted to overcome fire resistance of the latch mechanism so positive latching is achieved on each door operation. This deficient practice affects two of five smoke compartments.</p> <p>Findings include:</p> <p>Based on an observation with the Maintenance Supervisor on 08/02/12 at 1:20 p.m., the fire door set entering the 400 hall from the 300 hall nurses station did not latch into the frame when manually tested. The left hand</p>		K0044	<p>K 044 Upon the failure of the fire door set 9-1-12 entering 400 Hall from 300 Hall, to latch into the frame, the superintendent for the building project immediately ad- justed the door so that it would close properly and latch into the frame. This was completed on 8- 2-12. In order to make sure this door set is properly working, the door set will be tested weekly. See Attach- ment A, Fire Door Audit. If the weekly test does not produce any issues in three months, then the weekly tests will decrease to one time monthly during the monthly fire drill. The weekly audit sheet will be reviewed by the Safety Committee on a monthly basis. The Safety Committee will submit the audits To the Quality Assurance Committee overseen by the Administrator.</p>		09/01/2012	

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	<p>door rubbed on the flooring preventing the door from closing and latching. This was acknowledged by the Maintenance Supervisor at the time of observation.</p> <p>3.1-19(b)</p> <p>Based on observation and interview, the facility failed to ensure 1 of 5 fire door sets was arranged to automatically close and latch. LSC 19.2.2.5 requires horizontal exits to be in accordance with 7.2.4 and 7.2.4.3.8 requires fire doors to be self closing or automatic closing in accordance with 7.2.1.8. In addition NFPA 80, Standard for Fire Doors and Windows at 2-1.4.1 requires all closing mechanisms shall be adjusted to overcome fire resistance of the latch mechanism so positive latching is achieved on each door operation. This deficient practice affects two of five smoke compartments.</p> <p>Findings include:</p>						

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	<p>Based on an observation with the Maintenance Supervisor on 08/02/12 at 1:20 p.m., the fire door set entering the 400 hall from the 300 hall nurses station did not latch into the frame when manually tested. The left hand door rubbed on the flooring preventing the door from closing and latching. This was acknowledged by the Maintenance Supervisor at the time of observation.</p> <p>3.1-19(b)</p> <p>Based on observation and interview, the facility failed to ensure 1 of 5 fire door sets was arranged to automatically close and latch. LSC 19.2.2.5 requires horizontal exits to be in accordance with 7.2.4 and 7.2.4.3.8 requires fire doors to be self closing or automatic closing in accordance with 7.2.1.8. In addition NFPA 80, Standard for Fire Doors and Windows at 2-1.4.1 requires all closing mechanisms shall be adjusted to</p>						

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	<p>overcome fire resistance of the latch mechanism so positive latching is achieved on each door operation. This deficient practice affects two of five smoke compartments.</p> <p>Findings include:</p> <p>Based on an observation with the Maintenance Supervisor on 08/02/12 at 1:20 p.m., the fire door set entering the 400 hall from the 300 hall nurses station did not latch into the frame when manually tested. The left hand door rubbed on the flooring preventing the door from closing and latching. This was acknowledged by the Maintenance Supervisor at the time of observation.</p> <p>3.1-19(b)</p> <p>Based on observation and interview, the facility failed to ensure 1 of 5 fire door sets was arranged to automatically close and latch. LSC 19.2.2.5 requires horizontal exits to be in</p>						

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	<p>accordance with 7.2.4 and 7.2.4.3.8 requires fire doors to be self closing or automatic closing in accordance with 7.2.1.8. In addition NFPA 80, Standard for Fire Doors and Windows at 2-1.4.1 requires all closing mechanisms shall be adjusted to overcome fire resistance of the latch mechanism so positive latching is achieved on each door operation. This deficient practice affects two of five smoke compartments.</p> <p>Findings include:</p> <p>Based on an observation with the Maintenance Supervisor on 08/02/12 at 1:20 p.m., the fire door set entering the 400 hall from the 300 hall nurses station did not latch into the frame when manually tested. The left hand door rubbed on the flooring preventing the door from closing and latching. This was acknowledged by the Maintenance Supervisor at the time of observation.</p> <p>3.1-19(b)</p>						

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K0050 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>Based on record review and interview, the facility failed to ensure fire drills were conducted quarterly on each shift for 1 of the last 4 completed quarters. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on review of the "Fire Evacuation Drill Report" with the Maintenance Supervisor on 08/02/12 at 1:10 p.m., there was no record of a second shift fire drill for the second quarter of 2012. Based on an interview with the Maintenance Supervisor at the time of record review, no other documentation was available for review to verify this drill was conducted.</p>		K0050	<p>K 050 A make up fire drill for second 9-1-12 shift was conducted on 8-16-12. See Attachment B. A new calendar was completed to indicate the month and week the fire drills are to occur. The Maintenance Director and Administrator will retain copies of this calendar. See Attachment C It is the responsibility of the Maintenance Director to carry out the fire drills in a timely manner. The copy of the completed fire drills will be submitted to the Safety Committee for review. The Safety Committee will submit the fire drills to the Quality Assurance Committee overseen by the Administrator.</p>		09/01/2012	

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	<p>3.1-19(b) 3.1-51(c)</p> <p>Based on record review and interview, the facility failed to ensure fire drills were conducted quarterly on each shift for 1 of the last 4 completed quarters. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on review of the "Fire Evacuation Drill Report" with the Maintenance Supervisor on 08/02/12 at 1:10 p.m., there was no record of a second shift fire drill for the second quarter of 2012. Based on an interview with the Maintenance Supervisor at the time of record review, no other documentation was available for review to verify this drill was conducted.</p> <p>3.1-19(b) 3.1-51(c)</p>						

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	<p>Based on record review and interview, the facility failed to ensure fire drills were conducted quarterly on each shift for 1 of the last 4 completed quarters. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on review of the "Fire Evacuation Drill Report" with the Maintenance Supervisor on 08/02/12 at 1:10 p.m., there was no record of a second shift fire drill for the second quarter of 2012. Based on an interview with the Maintenance Supervisor at the time of record review, no other documentation was available for review to verify this drill was conducted.</p> <p>3.1-19(b) 3.1-51(c)</p> <p>Based on record review and interview, the facility failed to ensure fire drills were conducted quarterly on each shift for 1 of the last 4 completed quarters. This</p>						

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	<p>deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on review of the "Fire Evacuation Drill Report" with the Maintenance Supervisor on 08/02/12 at 1:10 p.m., there was no record of a second shift fire drill for the second quarter of 2012. Based on an interview with the Maintenance Supervisor at the time of record review, no other documentation was available for review to verify this drill was conducted.</p> <p>3.1-19(b) 3.1-51(c)</p>						

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K0052 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>Based on observation and interview, the facility failed to install 1 of 1 fire alarm systems in accordance with NFPA 72, the National Fire Alarm Code. NFPA 72, 1-5.4.6 requires trouble signals to be located in an area where it is likely to be heard. NFPA 72, 1-5.4.4 requires fire alarms, supervisory signals, and trouble signals to be distinctive and descriptively annunciated. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on an observation with Maintenance Supervisor on 08/02/12 at 2:30 p.m., when the automatic dialer component was placed in trouble from phone line failure a local trouble alarm was initiated. The trouble alarm was located in an electrical room down the hall from the central nurses</p>			K0052	<p>K 052 Upon discovery that the trouble alarm 9-1-12 could no longer be heard at the central nurses station, ASA, the fire systems vendor was notified and a request to move the alarm from the current electrical room to the central nurses station was made. This relocation is scheduled to be completed by 8-21-12. Monitoring of this alarm has been added to the Fire Door Alarm audit and will be monitored weekly for three months. If there are no further issues with the alarm, the monitoring will drop to one time a month during the monthly fire drill. The weekly audits will be submitted to the Safety Committee for review. The Safety Committee will submit the audits to the Quality Assurance Committee overseen by the Administrator.</p>		09/01/2012

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	<p>station. The alarm could not be heard at the central nurses station. This was confirmed by Maintenance Supervisor at the time of observation.</p> <p>3.1-19(b)</p> <p>Based on observation and interview, the facility failed to install 1 of 1 fire alarm systems in accordance with NFPA 72, the National Fire Alarm Code. NFPA 72, 1-5.4.6 requires trouble signals to be located in an area where it is likely to be heard. NFPA 72, 1-5.4.4 requires fire alarms, supervisory signals, and trouble signals to be distinctive and descriptively annunciated. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on an observation with Maintenance Supervisor on 08/02/12 at 2:30 p.m., when the automatic dialer component was placed in trouble from phone line failure a local trouble alarm was initiated. The trouble alarm was</p>						

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	<p>located in an electrical room down the hall from the central nurses station. The alarm could not be heard at the central nurses station. This was confirmed by Maintenance Supervisor at the time of observation.</p> <p>3.1-19(b)</p> <p>Based on observation and interview, the facility failed to install 1 of 1 fire alarm systems in accordance with NFPA 72, the National Fire Alarm Code. NFPA 72, 1-5.4.6 requires trouble signals to be located in an area where it is likely to be heard. NFPA 72, 1-5.4.4 requires fire alarms, supervisory signals, and trouble signals to be distinctive and descriptively annunciated. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on an observation with Maintenance Supervisor on 08/02/12 at 2:30 p.m., when the automatic dialer component was placed in trouble from phone line</p>						

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	<p>failure a local trouble alarm was initiated. The trouble alarm was located in an electrical room down the hall from the central nurses station. The alarm could not be heard at the central nurses station. This was confirmed by Maintenance Supervisor at the time of observation.</p> <p>3.1-19(b)</p> <p>Based on observation and interview, the facility failed to install 1 of 1 fire alarm systems in accordance with NFPA 72, the National Fire Alarm Code. NFPA 72, 1-5.4.6 requires trouble signals to be located in an area where it is likely to be heard. NFPA 72, 1-5.4.4 requires fire alarms, supervisory signals, and trouble signals to be distinctive and descriptively annunciated. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on an observation with Maintenance Supervisor on 08/02/12 at 2:30 p.m., when the</p>						

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	<p>automatic dialer component was placed in trouble from phone line failure a local trouble alarm was initiated. The trouble alarm was located in an electrical room down the hall from the central nurses station. The alarm could not be heard at the central nurses station. This was confirmed by Maintenance Supervisor at the time of observation.</p> <p>3.1-19(b)</p>						

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K0000	<p>A Life Safety Code Recertification, State Licensure and Quality Assurance Walk-thru Survey were conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 08/02/12</p> <p>Facility Number: 000474 Provider Number: 155596 AIM Number: 100290510</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Lakeland Skilled Nursing and Rehabilitation was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. The new 2012 addition of the 400 hall was surveyed with Chapter 18, New Health Care Occupancies.</p> <p>This one story facility was</p>		K0000	<p>This Plan of Correction is the center's credible allegation of compliance.</p> <p>Preparation and /or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p>			

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	<p>determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and areas open to the corridors. The resident rooms on the 300 hall and 400 hall had hard wired smoke detectors. The resident rooms on the 200 hall had battery operated smoke detectors. The facility has a capacity of 75 and had a census of 74 at the time of this survey.</p> <p>The facility was found in compliance with state law in regard to sprinkler coverage and smoke detector coverage.</p> <p>All areas where the residents have customary access were sprinklered. The facility had a detached shed providing facility services including maintenance supplies that was not sprinklered.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

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	<p>construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and areas open to the corridors. The resident rooms on the 300 hall and 400 hall had hard wired smoke detectors. The resident rooms on the 200 hall had battery operated smoke detectors. The facility has a capacity of 75 and had a census of 74 at the time of this survey.</p> <p>The facility was found in compliance with state law in regard to sprinkler coverage and smoke detector coverage.</p> <p>All areas where the residents have customary access were sprinklered. The facility had a detached shed providing facility services including maintenance supplies that was not sprinklered.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

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K0021 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of:</p> <p>a) the required manual fire alarm system;</p> <p>b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and</p> <p>c) the automatic sprinkler system, if installed. 18.2.2.2.6 7.2.1.8.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 5 horizontal exit fire door sets was held open only by a device which would allow it to close automatically upon activation of the fire alarm system. This deficient practice could affect two of five smoke compartments.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor on 08/02/12 at 2:40 p.m., the hold open magnetic devices on the fire doors entering the 400 hall from the 300 hall nurses station did not release upon activation of the fire alarm. This was acknowledged by</p>		K0021	<p>K021 Upon failure of the hold open magnetic 9-1-12 devices on the fire doors entering 400 hall from 300 hall, Symplex, the fire system vendor was called and asked to fix this issue. It will be corrected on 8-20-12. These doors will be tested one time per week to make sure the system is working properly and will be tested each time Symplex is working on any part of the system, prior to them exiting the premise. If no issues are presented in three months the audit will decrease to testing the doors one time per month during the monthly fire drill. See Attachment A, Fire Door Audit Sheet. The audit sheet will be turned into the Safety Committee on a monthly basis for review. The Safety Committee will submit the audits to the Quality Assurance Committee overseen</p>		09/01/2012	

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	<p>the Maintenance Supervisor at the time of observation.</p> <p>3.1-19(b)</p> <p>Based on observation and interview, the facility failed to ensure 1 of 5 horizontal exit fire door sets was held open only by a device which would allow it to close automatically upon activation of the fire alarm system. This deficient practice could affect two of five smoke compartments.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor on 08/02/12 at 2:40 p.m., the hold open magnetic devices on the fire doors entering the 400 hall from the 300 hall nurses station did not release upon activation of the fire alarm. This was acknowledged by the Maintenance Supervisor at the time of observation.</p> <p>3.1-19(b)</p> <p>Based on observation and interview, the facility failed to ensure 1 of 5 horizontal exit fire</p>			by the Administrator.			

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	<p>door sets was held open only by a device which would allow it to close automatically upon activation of the fire alarm system. This deficient practice could affect two of five smoke compartments.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor on 08/02/12 at 2:40 p.m., the hold open magnetic devices on the fire doors entering the 400 hall from the 300 hall nurses station did not release upon activation of the fire alarm. This was acknowledged by the Maintenance Supervisor at the time of observation.</p> <p>3.1-19(b)</p> <p>Based on observation and interview, the facility failed to ensure 1 of 5 horizontal exit fire door sets was held open only by a device which would allow it to close automatically upon activation of the fire alarm system. This deficient practice could affect two of five smoke compartments.</p> <p>Findings include:</p>						

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	<p>Based on observation with the Maintenance Supervisor on 08/02/12 at 2:40 p.m., the hold open magnetic devices on the fire doors entering the 400 hall from the 300 hall nurses station did not release upon activation of the fire alarm. This was acknowledged by the Maintenance Supervisor at the time of observation.</p> <p>3.1-19(b)</p>						

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K0044 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Horizontal exits, if used, are in accordance with 7.2.4. 18.2.2.5</p> <p>Based on observation and interview, the facility failed to ensure 1 of 5 fire door sets was arranged to automatically close and latch. LSC 18.2.2.5 requires horizontal exits to be in accordance with 7.2.4 and 7.2.4.3.8 requires fire doors to be self closing or automatic closing in accordance with 7.2.1.8. In addition NFPA 80, Standard for Fire Doors and Windows at 2-1.4.1 requires all closing mechanisms shall be adjusted to overcome fire resistance of the latch mechanism so positive latching is achieved on each door operation. This deficient practice affects two of five smoke compartments.</p> <p>Findings include:</p> <p>Based on an observation with the Maintenance Supervisor on 08/02/12 at 1:20 p.m., the fire door set entering the 400 hall from the 300 hall nurses station did not latch into the frame when manually tested. The left hand</p>		K0044	<p>K 044 Upon the failure of the fire door set 9-1-12 entering 400 Hall from 300 Hall, to latch into the frame, the superintendent for the building project immediately ad- justed the door so that it would close properly and latch into the frame. This was completed on 8- 2-12. In order to make sure this door set is properly working, the door set will be tested weekly. See Attach- ment A, Fire Door Audit. If the weekly test does not produce any issues in three months, then the weekly tests will decrease to one time monthly during the monthly fire drill. The weekly audit sheet will be reviewed by the Safety Committee on a monthly basis. The Safety Committee will submit the audits To the Quality Assurance Committee overseen by the Administrator.</p>		09/01/2012	

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	<p>door rubbed on the flooring preventing the door from closing and latching. This was acknowledged by the Maintenance Supervisor at the time of observation.</p> <p>3.1-19(b)</p> <p>Based on observation and interview, the facility failed to ensure 1 of 5 fire door sets was arranged to automatically close and latch. LSC 18.2.2.5 requires horizontal exits to be in accordance with 7.2.4 and 7.2.4.3.8 requires fire doors to be self closing or automatic closing in accordance with 7.2.1.8. In addition NFPA 80, Standard for Fire Doors and Windows at 2-1.4.1 requires all closing mechanisms shall be adjusted to overcome fire resistance of the latch mechanism so positive latching is achieved on each door operation. This deficient practice affects two of five smoke compartments.</p> <p>Findings include:</p>						

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	<p>Based on an observation with the Maintenance Supervisor on 08/02/12 at 1:20 p.m., the fire door set entering the 400 hall from the 300 hall nurses station did not latch into the frame when manually tested. The left hand door rubbed on the flooring preventing the door from closing and latching. This was acknowledged by the Maintenance Supervisor at the time of observation.</p> <p>3.1-19(b)</p> <p>Based on observation and interview, the facility failed to ensure 1 of 5 fire door sets was arranged to automatically close and latch. LSC 18.2.2.5 requires horizontal exits to be in accordance with 7.2.4 and 7.2.4.3.8 requires fire doors to be self closing or automatic closing in accordance with 7.2.1.8. In addition NFPA 80, Standard for Fire Doors and Windows at 2-1.4.1 requires all closing mechanisms shall be adjusted to overcome fire resistance of the latch mechanism so positive</p>						

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	<p>latching is achieved on each door operation. This deficient practice affects two of five smoke compartments.</p> <p>Findings include:</p> <p>Based on an observation with the Maintenance Supervisor on 08/02/12 at 1:20 p.m., the fire door set entering the 400 hall from the 300 hall nurses station did not latch into the frame when manually tested. The left hand door rubbed on the flooring preventing the door from closing and latching. This was acknowledged by the Maintenance Supervisor at the time of observation.</p> <p>3.1-19(b)</p> <p>Based on observation and interview, the facility failed to ensure 1 of 5 fire door sets was arranged to automatically close and latch. LSC 18.2.2.5 requires horizontal exits to be in accordance with 7.2.4 and 7.2.4.3.8 requires fire doors to be self closing or automatic closing</p>						

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	<p>in accordance with 7.2.1.8. In addition NFPA 80, Standard for Fire Doors and Windows at 2-1.4.1 requires all closing mechanisms shall be adjusted to overcome fire resistance of the latch mechanism so positive latching is achieved on each door operation. This deficient practice affects two of five smoke compartments.</p> <p>Findings include:</p> <p>Based on an observation with the Maintenance Supervisor on 08/02/12 at 1:20 p.m., the fire door set entering the 400 hall from the 300 hall nurses station did not latch into the frame when manually tested. The left hand door rubbed on the flooring preventing the door from closing and latching. This was acknowledged by the Maintenance Supervisor at the time of observation.</p> <p>3.1-19(b)</p>						

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K0050 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 18.7.1.2</p> <p>Based on record review and interview, the facility failed to ensure fire drills were conducted quarterly on each shift for 1 of the last 4 completed quarters. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on review of the "Fire Evacuation Drill Report" with the Maintenance Supervisor on 08/02/12 at 1:10 p.m., there was no record of a second shift fire drill for the second quarter of 2012. Based on an interview with the Maintenance Supervisor at the time of record review, no other documentation was available for review to verify this drill was conducted.</p>		K0050	<p>K 050 A make up fire drill for second 9-1-12 shift was conducted on 8-16-12. See Attachment B. A new calendar was completed to indicate the month and week the fire drills are to occur. The Maintenance Director and Administrator will retain copies of this calendar. See Attachment C It is the responsibility of the Maintenance Director to carry out the fire drills in a timely manner. The copy of the completed fire drills will be submitted to the Safety Committee for review. The Safety Committee will submit the fire drills to the Quality Assurance Committee overseen by the Administrator.</p>		09/01/2012	

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	<p>3.1-19(b) 3.1-51(c)</p> <p>Based on record review and interview, the facility failed to ensure fire drills were conducted quarterly on each shift for 1 of the last 4 completed quarters. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on review of the "Fire Evacuation Drill Report" with the Maintenance Supervisor on 08/02/12 at 1:10 p.m., there was no record of a second shift fire drill for the second quarter of 2012. Based on an interview with the Maintenance Supervisor at the time of record review, no other documentation was available for review to verify this drill was conducted.</p> <p>3.1-19(b) 3.1-51(c)</p> <p>Based on record review and interview, the facility failed to ensure fire drills were conducted quarterly on each shift for 1 of the</p>						

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	<p>last 4 completed quarters. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on review of the "Fire Evacuation Drill Report" with the Maintenance Supervisor on 08/02/12 at 1:10 p.m., there was no record of a second shift fire drill for the second quarter of 2012. Based on an interview with the Maintenance Supervisor at the time of record review, no other documentation was available for review to verify this drill was conducted.</p> <p>3.1-19(b) 3.1-51(c)</p> <p>Based on record review and interview, the facility failed to ensure fire drills were conducted quarterly on each shift for 1 of the last 4 completed quarters. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on review of the "Fire</p>						

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	<p>Evacuation Drill Report" with the Maintenance Supervisor on 08/02/12 at 1:10 p.m., there was no record of a second shift fire drill for the second quarter of 2012. Based on an interview with the Maintenance Supervisor at the time of record review, no other documentation was available for review to verify this drill was conducted.</p> <p>3.1-19(b) 3.1-51(c)</p>						

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K0052 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>Based on observation and interview, the facility failed to install 1 of 1 fire alarm systems in accordance with NFPA 72, the National Fire Alarm Code. NFPA 72, 1-5.4.6 requires trouble signals to be located in an area where it is likely to be heard. NFPA 72, 1-5.4.4 requires fire alarms, supervisory signals, and trouble signals to be distinctive and descriptively annunciated. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on an observation with Maintenance Supervisor on 08/02/12 at 2:30 p.m., when the automatic dialer component was placed in trouble from phone line failure a local trouble alarm was initiated. The trouble alarm was located in an electrical room down the hall from the central nurses</p>			K0052	<p>K 052 Upon discovery that the trouble alarm 9-1-12 could no longer be heard at the central nurses station, ASA, the fire systems vendor was notified and a request to move the alarm from the current electrical room to the central nurses station was made. This relocation is scheduled to be completed by 8-21-12. Monitoring of this alarm has been added to the Fire Door Alarm audit and will be monitored weekly for three months. If there are no further issues with the alarm, the monitoring will drop to one time a month during the monthly fire drill. The weekly audits will be submitted to the Safety Committee for review. The Safety Committee will submit the audits to the Quality Assurance Committee overseen by the Administrator.</p>		09/01/2012

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	<p>station. The alarm could not be heard at the central nurses station. This was confirmed by Maintenance Supervisor at the time of observation.</p> <p>3.1-19(b)</p> <p>Based on observation and interview, the facility failed to install 1 of 1 fire alarm systems in accordance with NFPA 72, the National Fire Alarm Code. NFPA 72, 1-5.4.6 requires trouble signals to be located in an area where it is likely to be heard. NFPA 72, 1-5.4.4 requires fire alarms, supervisory signals, and trouble signals to be distinctive and descriptively annunciated. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on an observation with Maintenance Supervisor on 08/02/12 at 2:30 p.m., when the automatic dialer component was placed in trouble from phone line failure a local trouble alarm was initiated. The trouble alarm was located in an electrical room down the hall from the central nurses</p>						

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	<p>station. The alarm could not be heard at the central nurses station. This was confirmed by Maintenance Supervisor at the time of observation.</p> <p>3.1-19(b)</p> <p>Based on observation and interview, the facility failed to install 1 of 1 fire alarm systems in accordance with NFPA 72, the National Fire Alarm Code. NFPA 72, 1-5.4.6 requires trouble signals to be located in an area where it is likely to be heard. NFPA 72, 1-5.4.4 requires fire alarms, supervisory signals, and trouble signals to be distinctive and descriptively annunciated. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on an observation with Maintenance Supervisor on 08/02/12 at 2:30 p.m., when the automatic dialer component was placed in trouble from phone line failure a local trouble alarm was initiated. The trouble alarm was located in an electrical room down the hall from the central nurses</p>						

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